FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:

lowa Ethics and Campaign

Des Moines, Iowa 50319 Fax: 515-281-4073

Disclosure Board

510 E. 12th, Ste. 1A

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2010 OCT 27 PM 3: 29

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Penn National Gan	E (Must be same as on Statement ming, Inc.		lг	FORM	
(4)County Central Cor	by # type of committee you are report ive/Judge Standing for Retention Cand mmittee (5)County Candidate (6)Ci (8)County PAC (9)City PAC (10)	ting for: III didate (2)State PAC (3)State Party ty Candidate (7)School Board or Other Politica School Board or Other Political Subdivision PAC	' (<u> </u>	DR-2 Rev. 12/2009) or Office Use Or	
CANDIDATE COMM	MITTEES ONLY:		1.°	Comm. #	
Candidate Name		Political Party (if applicable)	s	ogged In	
Office Sought		District (if Senate or House)	^	omputer	
	to possible civil and criminal penalticand the chairperson, for any other ty	ies. Pursuant to Iowa Code sections 68B.32Al ype of committee, is the individual responsible	(7) and 68. for filing t	A.401(3), the can imely and accurate	e reports.
		. ELLI HONE		DATE SI	SNED
AM FILING A		REPORT FOR (1) ELECTION	/(<u>2)N</u> ON-i	ELECTION YEA	R.
	(report date)	Indicate by #	1		
CHECK IF AMENDI	MENT TO REPORT DATED		ocal Com	mittees, enter Date	of Floation
Check if this is final (You must co	(termination) report and attach No ontinue to file reports until a DR-3	ouce of Dissolution Form DR-3.	County & L	er 2, 2010 ocal Committees, d ion is held ry	enter County in
ST	ATEMENT OF CASH ON H	HAND			
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FOR	INSTRUCTIONS.	SEE BACK O	E EODIA

	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Penn National Gaming, Inc.	E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	CHECH AMENI	CTHIS BOX IF DING FORM

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10/28/10	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		Employee time for two individuals for this reporting period	· •	CONTRIBUTION
			SUB-TOTAL	\$ 667.00	
			TOTAL (if last page of this schedule)	667.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3 (for Schedule E)

RESET

COMMITTEE NAME(Must be same as on Statement of Organization)

Donn Motio

SCHEDULE

G

BREAKDOWN (Rev. 02/08) OF MONETARY EXPENDITURES LTANT

(IF

Penn	National Ga	ming, Inc.		BY CONSU
PART I - NAME	AND ADDRESS OF CONSULTA	ANT		CHECK THIS BO AMENDING FORM
	Public Partners			
Mailing Addre 88 E. Broa				
city Cleveland	OH 44190-0189	State Zip Code		
	RIOD (MM/DD/YR)	TOTAL ANTICIPATED	COMPENSATION FOR PERF	ORMANCE
From 8/1/10				
то11/2/10		\$ 12,000		_ 1
STIMATES OF	PERFORMANCE			
Reported as	a percentage of a global	retainer agreement under	which consultant provide	es professional
	all PNGI jurisdictions as n			
allocated for	this ballot issue election t	hrough November 2, 2010)	
RT II- ITEMIZE NTRACT (Thes	D BREAKDOWN OF UNREIMB e expenses should NOT be re	URSED EXPENSES PAID BY C	CONSULTANT TO OTHERS IN	PERFORMING SERVICES OF
DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO (Disbursemen	O WHOM EXPENDITURE	PURPOSE	AMOUNT EXPENDED

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
		SUB-TOTAL	\$ 0
	ТОТА	L (If last page of this schedule)	\$ 0

Page 3 of 3 (for Schedule G)